

Fill in this information to identify your case and this filing:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of _____ | | | |
| Case number: _____ | | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

| | | |
|---|--|---|
| <p>1.3. _____ Street address, if available, or other description</p> <p>City _____ State _____ ZIP Code _____ County _____</p> | <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____</p> | <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <p>Current value of the entire property? _____ Current value of the portion you own? _____</p> <p>\$ _____ \$ _____</p> <p>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</p> <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p>Other information you wish to add about this item, such as local property identification number: _____</p> |
| <p>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.</p> | | <p>→ \$ _____</p> |
| Part 2: Describe Your Vehicles | | |
| <p>Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on <i>Schedule G: Executory Contracts and Unexpired Leases</i>.</p> | | |
| <p>3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | |
| <p>3.1. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div></p> | | |
| <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> | | |
| <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <p>Current value of the entire property? _____ Current value of the portion you own? _____</p> <p>\$ _____ \$ _____</p> | | |
| <p>If you own or have more than one, describe here:</p> | | |
| <p>3.2. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div></p> | | |
| <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> | | |
| <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <p>Current value of the entire property? _____ Current value of the portion you own? _____</p> <p>\$ _____ \$ _____</p> | | |

Debtor 1

First Name Middle Name Last Name

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Case number (if known) _____

3.3. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property?** \$ _____ **Current value of the portion you own?** \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property?** \$ _____ **Current value of the portion you own?** \$ _____**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property?** \$ _____ **Current value of the portion you own?** \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property?** \$ _____ **Current value of the portion you own?** \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ _____

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

\$

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

\$

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\$

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

\$

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

\$

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

\$

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes Wallet 180.00
 Cash: \$ _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes Institution name: _____

17.1. Checking account: _____ \$ _____
 17.2. Checking account: _____ \$ _____
 17.3. Savings account: _____ \$ _____
 17.4. Savings account: _____ \$ _____
 17.5. Certificates of deposit: _____ \$ _____
 17.6. Other financial account: _____ \$ _____
 17.7. Other financial account: _____ \$ _____
 17.8. Other financial account: _____ \$ _____
 17.9. Other financial account: _____ \$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes Institution or issuer name: _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No Name of entity: % of ownership: _____ % \$ _____
 Yes. Give specific information about them _____ % \$ _____
 _____ % \$ _____
 _____ % \$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____ \$ _____
 Pension plan: _____ \$ _____
 IRA: _____ \$ _____
 Retirement account: _____ \$ _____
 Keogh: _____ \$ _____
 Additional account: _____ \$ _____
 Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Electric: _____ \$ _____
 Gas: _____ \$ _____
 Heating oil: _____ \$ _____
 Security deposit on rental unit: _____ \$ _____
 Prepaid rent: _____ \$ _____
 Telephone: _____ \$ _____
 Water: _____ \$ _____
 Rented furniture: _____ \$ _____
 Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

_____ \$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____ \$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____ \$ _____

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____ \$ _____

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company _____ Company name: _____ Beneficiary: _____ Surrender or refund value: _____
of each policy and list its value.
_____ \$ _____
_____ \$ _____
_____ \$ _____**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. \$ _____**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. \$ _____**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. \$ _____**35. Any financial assets you did not already list** No Yes. Give specific information. \$ _____**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** → \$ _____**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**38. Accounts receivable or commissions you already earned** No Yes. Describe. \$ _____**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe. \$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

41. Inventory No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

| | | |
|-------|---------|----------|
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

44. Any business-related property you did not already list No Yes. Give specific information

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

| |
|----------|
| \$ _____ |
|----------|

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals*Examples:* Livestock, poultry, farm-raised fish No Yes

| | |
|--|----------|
| | \$ _____ |
|--|----------|

48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

 No Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ _____

56. Part 2: Total vehicles, line 5

\$ _____

57. Part 3: Total personal and household items, line 15

\$ _____

58. Part 4: Total financial assets, line 36

\$ _____

59. Part 5: Total business-related property, line 45

\$ _____

60. Part 6: Total farm- and fishing-related property, line 52

\$ _____

61. Part 7: Total other property not listed, line 54

+\$ _____

62. Total personal property. Add lines 56 through 61.

\$ _____

Copy personal property total → +\$ _____

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ _____

Fill in this information to identify your case:

| | | | |
|---|------------|--------------|-----------|
| Debtor 1 | Panos | Papadopoulos | Seretis |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u> | | | |
| Case number (if known) | 18-11852 | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|---|--|--|
| Brief description: Line from <i>Schedule A/B</i> : <u>3</u> Watches | Current value of the portion you own Copy the value from <i>Schedule A/B</i> <u>250.00</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Civil Practice Law § 5205(a)(1-9) |
| Brief description: Line from <i>Schedule A/B</i> : <u>12</u> Wallet | <u>180.00</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Debtor and Creditor Law § 283(2) |
| Brief description: Line from <i>Schedule A/B</i> : <u>16</u> Atlantic Bank Checking Account | <u>144.56</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Debtor and Creditor Law § 283(2) |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1

Panos

Seretis

First Name Middle Name Last Name

18-11852

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|--|--|
| Brief description: Monaco Group USA | 0 \$ _____ | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Civil Practice Law § 5205(a)(1-9) |
| Line from Schedule A/B: 19 | | | |
| Brief description: Monaco Development Group | 700.00 \$ _____ | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Civil Practice Law § 5205(a)(1-9) |
| Line from Schedule A/B: 19 | | | |
| Brief description: MetLife Insurance Policy | 49,848.56 \$ _____ | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Ins. Law § 3212(b) |
| Line from Schedule A/B: 31 | | | |
| Brief description: Everyday Clothes | 200.00 \$ _____ | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Civil Practice Law § 5205(a)(1-9) |
| Line from Schedule A/B: 11 | | | |
| Brief description: Television, laptop, printer, scanner | 500.00 \$ _____ | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | N.Y. Civil Practice Law § 5205(a)(1-9) |
| Line from Schedule A/B: 7 | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |

Fill in this information to identify your case:

| | | | |
|---|------------|--------------|-----------|
| Debtor 1 | Panos | Papadopoulos | Seretis |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of New York | | | |
| Case number (if known) | | 18-11852 | |

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|--|-----------------|--------------------|
| 2.1 | Last 4 digits of account number | \$ | \$ |
| Priority Creditor's Name | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply. | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | Type of PRIORITY unsecured claim: | | |
| Is the claim subject to offset? | <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 2.2 | Last 4 digits of account number | \$ | \$ |
| Priority Creditor's Name | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply. | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | Type of PRIORITY unsecured claim: | | |
| Is the claim subject to offset? | <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | |
|--|--|--|--|----------------------------|--|
| | | | | | |
| Priority Creditor's Name | | Last 4 digits of account number _____ | | \$ _____ \$ _____ \$ _____ | |
| Number Street | | When was the debt incurred? _____ | | | |
| City State ZIP Code | | As of the date you file, the claim is: Check all that apply. | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Priority Creditor's Name | | Last 4 digits of account number _____ | | \$ _____ \$ _____ \$ _____ | |
| Number Street | | When was the debt incurred? _____ | | | |
| City State ZIP Code | | As of the date you file, the claim is: Check all that apply. | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Priority Creditor's Name | | Last 4 digits of account number _____ | | \$ _____ \$ _____ \$ _____ | |
| Number Street | | When was the debt incurred? _____ | | | |
| City State ZIP Code | | As of the date you file, the claim is: Check all that apply. | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|------------------|--|--|
| 4.1 | AAdvantage | | |
| Nonpriority Creditor's Name P.O. Box 13337 | | | Last 4 digits of account number <u>9 3 3 8</u> When was the debt incurred? <u>2015-2018</u> \$ <u>10,000</u> |
| Number Street Philadelphia PA 19101-3337 City State ZIP Code | | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.2 | American Express | | |
| Nonpriority Creditor's Name P.O. Box 1270 | | | Last 4 digits of account number <u>1 0 0 3</u> When was the debt incurred? <u>1999-2018</u> \$ <u>90,000</u> |
| Number Street Newark NJ 07101-1270 City State ZIP Code | | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.3 | Black Card | | |
| Nonpriority Creditor's Name P.O. Box 13337 | | | Last 4 digits of account number <u>5 3 2 4</u> When was the debt incurred? <u>2014-2018</u> \$ <u>40,000</u> |
| Number Street Philadelphia PA 19101-3337 City State ZIP Code | | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Capital One

Nonpriority Creditor's Name
P.O. Box 71083Number Street
Charlotte NC 28272-1083
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 6 8 2

\$ 5,000

When was the debt incurred? 2002-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.5

Capital One

Nonpriority Creditor's Name
P.O. Box 71083Number Street
Charlotte NC 28272-1083
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 1 2 8

\$ 10,000

When was the debt incurred? 2002-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.6

Chase

Nonpriority Creditor's Name
P.O. Box 15123Number Street
Wilmington DE 19850-5123
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 3 8 8 4

\$ 25,000

When was the debt incurred? 2013-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Chase

Nonpriority Creditor's Name
P.O. Box 15123Number Street
Wilmington DE 19850-5123
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 7 2 6

\$ 20,000

When was the debt incurred? 2016-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.8

Chase

Nonpriority Creditor's Name
P.O. Box 15123Number Street
Wilmington DE 19850-5123
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 5 0 0 7

\$ 8,000

When was the debt incurred? 2013-2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.9

Chase

Nonpriority Creditor's Name
P.O. Box 15123Number Street
Wilmington DE 19850-5123
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 7 5 6

\$ 45,000

When was the debt incurred? 2014-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0

Chase

Nonpriority Creditor's Name
P.O. Box 15123Number Street
Wilmington DE 19850-5123

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 5 1 4

\$ 18,000

When was the debt incurred? 2017-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

5.1

Discover

Nonpriority Creditor's Name
P.O. Box 71084Number Street
Charlotte NC 28272-1084

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 1 5 0

\$ 10,000

When was the debt incurred? 2014-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

5.2

George Monoyos

Nonpriority Creditor's Name

Number Street
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 186,000

When was the debt incurred? 12/14/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Guarantee

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.3

M&T Bank

Nonpriority Creditor's Name
P.O. Box 62014Number Street
Baltimore MD 21264-2014
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 8 4 9

\$ 5,000

When was the debt incurred? 2013-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

5.4

M&T Bank

Nonpriority Creditor's Name
P.O. Box 61246Number Street
Baltimore MD 21264-2146
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 5

\$ 90,000

When was the debt incurred? 2016-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Business Bank Loan

5.5

Michael Maragopoulos

Nonpriority Creditor's Name

Number Street
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 186,000

When was the debt incurred? 12/14/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Guarantee

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.6

New York City Department of Health & Mental Hygiene

Nonpriority Creditor's Name

42-09 28th St

Number Street
Long Island City NY 11101

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 9 F 0

\$ 1,200

When was the debt incurred? 5/19/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify DOHMH Violation

5.7

Synchrony Bank

Nonpriority Creditor's Name

P.O. Box 960061

Number Street
Orlando FL 32896-0061

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 9 3 7

\$ 4,500

When was the debt incurred? 2003-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

5.8

T-Mobile

Nonpriority Creditor's Name

P.O. Box 742596

Number Street
Cincinnati OH 45274-2596

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 0 7 1

\$ 262

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Phone Contract

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.9

98 Berry Street

Nonpriority Creditor's Name

854 Humboldt Street

Number Street

Brooklyn

NY

11222

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 8358.34

When was the debt incurred? 5/19/2017**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Good Guy Guarantee

6.0

BMW of North America, LLC

Nonpriority Creditor's Name

300 Chestnut Ridge Road

Number Street

Woodcliff Lake

NJ

07677-7731

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 6,400

When was the debt incurred? 2018**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Car Lease

6.1

Dimitrios Oikonomopoulos

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 500,000

When was the debt incurred? 2018**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify FLSA

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.2

Rigel Shaholli

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ 500,000

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify FLSA

6.3

Yannis Bonikos

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ 500,000

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify FLSA

6.4

Quest Diagnostics

Nonpriority Creditor's Name

500 Plaza Drive

Number Street
Secaucus NJ 07094

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? Closed

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Debt

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.5

Westside GI

Nonpriority Creditor's Name
P.O. Box 28166Number Street
New York NY 10087

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number 9 0 4 2

\$ 1,500

When was the debt incurred? 2017-2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Debt

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

| Total claim | | |
|-------------------------------------|--|---------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ _____ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ _____ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ _____ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ _____ 0.00 |
| 6e. Total. Add lines 6a through 6d. | 6e. \$ _____ 0.00 | |

| Total claim | | |
|-------------------------------------|---|---------------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. \$ _____ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ _____ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ _____ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ _____ 2084220.34 |
| 6j. Total. Add lines 6f through 6i. | 6j. \$ _____ 2084220.34 | |

Fill in this information to identify your case:

| | | | |
|---|------------|--------------|-----------|
| Debtor | Panos | Papadopoulos | Seretis |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of New York | | | |
| Case number (if known) | 18-11852 | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|---|
| 2.1 | BMW of North America Name 1030 Jackson Avenue Number Street Long Island City NY 11101 City State ZIP Code | Automobile |
| 2.2 | T-Mobile Name P.O. Box 53410 Number Street Bellevue WA 98015-3410 City State ZIP Code | Phone Contract |
| 2.3 | W54-7 LLC. Name 2207 Coney Island Avenue Number Street Brooklyn NY 11223 City State ZIP Code | Family Apartment (rent stabilized) |
| 2.4 | Name Number Street City State ZIP Code | |
| 2.5 | Name Number Street City State ZIP Code | |

Debtor 1 **Panos Seretis**
First Name Middle Name Last Name

18-11852
Case number (if known)

Additional Page if You Have More Contracts or Leases

| | Person or company with whom you have the contract or lease | What the contract or lease is for |
|----|---|--|
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |
| 2. | Name Number Street City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|---|--------------|--------------|-----------|
| Debtor 1 | Panos | Papadopoulos | Seretis |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u> | | | |
| Case number (If known) | 18-11852-jlg | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name

Number Street

City State ZIP Code

3.2

Name

Number Street

City State ZIP Code

3.3

Name

Number Street

City State ZIP Code

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|--------------|--------------|-----------|
| Debtor 1 | Panos | Papadopoulos | Seretis |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u> | | | |
| Case number (If known) | 18-11852-jlg | | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Sales Representative

Employer's name

Monaco Group USA

Department of Justice

Employer's address

411 E 57th Street

Number Street

PO Box 6000

Number Street

New York NY 10022

City State ZIP Code

New Orleans LA 70160

City State ZIP Code

How long employed there?

12 years

1 year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

2. \$3000.00

3. + \$ 0.00

4. \$3,000.00

For Debtor 2 or non-filing spouse

\$3301.

+ \$ 0

\$3301.

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Copy line 4 here..... ➔ 4.

| For Debtor 1 | For Debtor 2 or non-filing spouse |
|--------------|-----------------------------------|
| \$ 3,000.00 | \$ 3,301.00 |

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions
5b. Mandatory contributions for retirement plans
5c. Voluntary contributions for retirement plans
5d. Required repayments of retirement fund loans
5e. Insurance
5f. Domestic support obligations
5g. Union dues
5h. Other deductions. Specify: _____

| | |
|---------------|-----------|
| 5a. \$ 757.92 | \$ 232.58 |
| 5b. \$ _____ | \$ _____ |
| 5c. \$ _____ | \$ _____ |
| 5d. \$ _____ | \$ _____ |
| 5e. \$ _____ | \$ _____ |
| 5f. \$ _____ | \$ _____ |
| 5g. \$ _____ | \$ _____ |
| 5h. + \$ 6.20 | + \$ 0.00 |
| 764.12 | \$ 232.58 |
| 2,235.88 | 3,068.42 |

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6.

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7.

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

| | |
|--------------|----------|
| 8a. \$ _____ | \$ _____ |
| 8b. \$ _____ | \$ _____ |
| 8c. \$ _____ | \$ _____ |
| 8d. \$ _____ | \$ _____ |
| 8e. \$ _____ | \$ _____ |

8b. Interest and dividends

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

| | |
|--------------|----------|
| 8c. \$ _____ | \$ _____ |
| 8d. \$ _____ | \$ _____ |
| 8e. \$ _____ | \$ _____ |

8d. Unemployment compensation

8e. Social Security

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

| | |
|--------------|----------|
| 8f. \$ _____ | \$ _____ |
|--------------|----------|

8g. Pension or retirement income

| | |
|--------------|----------|
| 8g. \$ _____ | \$ _____ |
|--------------|----------|

8h. Other monthly income. Specify: _____

| | |
|----------------|------------|
| 8h. + \$ _____ | + \$ _____ |
|----------------|------------|

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

| | |
|-------------|----------|
| 9. \$ _____ | \$ _____ |
|-------------|----------|

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

| | | |
|--------------|------------|------------|
| 10. 2,235.88 | + 3,068.42 | = 5,304.30 |
|--------------|------------|------------|

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + \$ _____

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. 5,304.30

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

| | | | |
|---|--------------|--------------|-----------|
| Debtor 1 | Panos | Papadopoulos | Seretis |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u> | | | |
| Case number (if known) | 18-11852-jlg | | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

7

No
 Yes

Son

10

No
 Yes

mother

92

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

| Your expenses | |
|---------------|-------------|
| 4. | \$ 1,841.82 |
| 4a. | \$ 0.00 |
| 4b. | \$ 0.00 |
| 4c. | \$ 0.00 |
| 4d. | \$ 0.00 |

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

6a. Electricity, heat, natural gas
6b. Water, sewer, garbage collection
6c. Telephone, cell phone, Internet, satellite, and cable services
6d. Other. Specify: _____

6a. \$ 187.67

6b. \$ 0.00

6c. \$ 142.95

6d. \$ 0.00

7. \$ 600.00

8. \$ 200.00

9. \$ 100

10. \$ 200

11. \$ 150.00

12. \$ 100.00

13. \$ 0.00

14. \$ 0.00

7. Food and housekeeping supplies

8. Childcare and children's education costs

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 875.00

15b. Health insurance

15b. \$ 450.00

15c. Vehicle insurance

15c. \$ 180.00

15d. Other insurance. Specify: _____

15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0.00

17b. Car payments for Vehicle 2

17b. \$ 0.00

17c. Other. Specify: _____

17c. \$ 0.00

17d. Other. Specify: _____

17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

Debtor 1 _____ Case number (if known) _____

First Name _____ Middle Name _____ Last Name _____

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.

22b.

22c.

$$\begin{array}{r} \$5,027\frac{45}{-} \\ \$0.00 \\ \hline \$5027\frac{45}{.} \end{array}$$

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23a.

23b.

23c.

$$\begin{array}{r} \$5,304\frac{30}{-} \\ -\$5,027\frac{45}{-} \\ \hline \$276\frac{85}{.} \end{array}$$

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: